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PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	600052-0000 (B75163)
		First Named Inventor	Keisuke Aoyama
		COMPLETE IF KNOWN	
<input type="checkbox"/> Declaration Submitted with initial filing		<input checked="" type="checkbox"/> Declaration Submitted after initial filing	Application No. 10/246,125
			Filing Date September 18, 2002
			Group Art Unit 3623
			Examiner Name N/A

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR DISTRIBUTION CHAIN MANAGEMENT

(Title of the Invention)

the specification of which

- is attached hereto
or
 was filed on September 18, 2002, as United States Application Number or PCT International Application Number: 10/246,125 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

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DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 35, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number 20594

or

Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label Here

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to Customer Number 20594 or Correspondence Address below

Name _____

Address _____

City, State, Zip _____

Country _____ Telephone _____ Fax _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)							
Keisuke	Family Name or Surname						
Inventor's Signature		Dated 12/18/02					
Residence: City	Dallas	State	Texas	Country	U.S.	Citizenship	JP
Post Office Address	5910 N. Central Expressway, Suite 1480						
City	Dallas	State	Texas	Zip	75206	Country	U.S.
<input checked="" type="checkbox"/> Additional inventors are being named on the supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.							
Name of Inventor	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)							
Kojoiro	Family Name or Surname						
Inventor's Signature		Dated 12/18/02					
Residence: City	Dallas	State	Texas	Country	U.S.	Citizenship	JP
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Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Yoshitaka		Family Name or Surname Bzaki				
Inventor's Signature						Dated <u>12/19/02</u>
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City	Chiyoda-ku	State	Zip	100-004	Country	Japan
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Dated
Residence: City		State	Country		Citizenship	
Post Office Address						
City		State	Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Dated
Residence: City		State	Country		Citizenship	
Post Office Address						
City		State	Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Dated
Residence: City		State	Country		Citizenship	
Post Office Address						
City		State	Zip		Country	